Executed on _

SEE INSTRUCTIONS ON REVERSE	Statement covers period 9/25/16 from	Date of election if applicable: (Month, Day, Year) 11/08/16	OCT 3 1 201	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	☐ Sp rmination)	ıarterly Statement ecial Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Anthony Phan 2016 - City Counci	D. NUMBER 1389973	Treasurer(s) NAME OF TREASURER Jonathan Le MAILING ADDRESS 3789 Chilton Ct	CA 95	111 (408)726-4704
STREET ADDRESS (NO P.O. BOX) 312 Edgewater Dr CA 950 CITY STATE ZIP CO Same as above		CITY NAME OF ASSISTANT TREASURER	STATE ZIP	CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO voteanthonyphan@gmail.com	DDE AREA CODE/PHONE	СІТУ		CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my California that the foregoing is true and	OPTIONAL: FAX / E-MAIL ADDRES knowledge the information contained it correct.		chedules is true and complete. I
Executed on		Signature of Licescorer or Assistant Trolling Officeholder, Candidate, State Measive Pro	Treasurer ponent or Responsible Officer of Spo	nsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE	- PAR	T 2
	FORN DRM	IA 🟒	16(
Page _	2	_ of	17	_]

Officeholder or Candidate Controlled	ficeholder or Candidate Controlled Committee				Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Anthony Phan									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ID DISTRICT NUMBE	R IF APPLICABL	-E)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Councilmember, City of Milpitas									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY	STATE	ZIP						
312 Edgewater Dr	Milpitas	CA	95035	Identify the controlling officeholder, candidate, or state measure proponent, if				nent, if any.	
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in	this Statemen	t: Listany co	mmittees						
not included in this statement that are controlled contributions or make expenditures on behalf of	l by you or are prim				OFFICE SOUGHT OR HELD		DISTRIC	TNO. IF	ANY
COMMITTEE NAME	I.D. NU	MBER							
				7.	Primarily Formed Can	didate/Offi	ceholder Committe	A liet	names of
NAME OF TREASURER	CONTR	OLLED COMMIT		• • •	officeholder(s) or candidate(s	s) for which th	is committee is primarily	formed.	names of
	Y	ES NO	<u> </u>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	JEI D	
COMMITTEE ADDRESS STREET ADDRESS							OFFIGE GOOGIN GIVE		SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT
COMMITTEE NAME	I								OPPOSE
COMMITTEE NAME	I,D, NUI	MBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	SUPPORT
									OPPOSE
NAME OF TREASURER	CONTR	OLLED COMMIT	TTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR I	HELD	
COMMITTEE ADDRESS STREET ADDRESS	(NO BO BOX)	ES NO)						SUPPORT OPPOSE
STREET ADDRESS	(NO F.O. BOX)								
CITY STATE	ZIP CODE	AREA CO	DE/PHONE						
SIAIE	ZIF GODE	ANLA COI	PERMIT		Att	ach continua	tion sheets if necessar	/	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Anthony Phan

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	ent covers period 9/25/16	CALIFORNIA 460
through	10/22/16	3 17 Page of
1	***************************************	I.D. NUMBER 1389973

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE (FROM ATTACHED SCHEDULES) Running in Both the State Primary and General Elections 10.700.00 16.440.00 1. Monetary Contributions Schedule A, Line 3 \$ 43.000.00 1/1 through 6/30 7/1 to Date 10,700.00 59,440,00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 49,090.00 49.090.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 12.941.10 16,441.10 Candidates 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 12,941.10 16,441.10 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 6000.00 6000.00 Date of Election Total to Date 0.00 0.00 (mm/dd/vv) 18,941.10 18,941,10 Current Cash Statement 45.590.00 To calculate Column B. 10,700.00 add amounts in Column 0.00 A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 12.941.10 of your last report. Some amounts in Column A may 43,348.90 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15. \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 43,000.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	10	whole dollars.	9/2 from	Statement covers period 9/25/16 rom		CALIFORNIA 460	
SEE INSTRUCTIO	INS ON REVERSE			through	/22/16	Page.	4 17 of	
NAME OF FILER Anthony Pl						1.D. NUI 13899		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/22/16	Charlie Ngo 8463 Wheatland 95828	☑IND □COM □OTH □PTY □SCC	Self-Employed Attorney	250.00	250.00			
10/11/16	UAW Region 5 Western States PAC ID# 743787 6500 S Rosemead 90660	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	250.00	250.00			
10/13/16	Unite Here TIP State & Local Fund 275 7th Avenue 10001	□IND □COM ØOTH □PTY □SCC	N/A	200.00	200.00			
10/19/16	Rob Bonta for Assembly 2016 ID#1373426 1787 Tribute Rd. Suite K 95815	□IND COM □OTH □PTY □SCC	N/A	250.00	250.00			
10/13/16	Law Offices of Thomas M Bruen 1990 N California Blvd STE 608 94596	☐IND ☐COM ØOTH ☐PTY ☐SCC	N/A	250.00	250.	00		
			SUBTOTAL \$	1200.00				
1. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	10,350.00	IND -		1	
2. Amount red	ceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	350.00	OTH PTY		e.g., business entity)	

FPPC Form 460 (Jan/2016)

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

10,700.00

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Contributions Received	to whole	dollars.	from	ers period 5/16 22/16	CALI F(Page_	FORNIA 460 ORM 17
NAME OF FILER Anthony Ph	nan					1.D. NU 13899	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
10/14/16	Easy Print Design Inc 3040 Lawrence Expressway 95051	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250	.00	
10/16/16	Leftlane Creative 515 Metzgar St 94019	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	250.00	250.	00	
10/19/16	Lan T Nguyen 2641 Wellington Ct 94520	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.	00	
10/19/16	MinhDuy Anh Do 548 International Blvd 94606	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.	00	
10/19/16	Calvin Nguyen	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.	00	
			SUBTOTAL	\$ 1250.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

-	Contributions Received	to whole	dollars.	Statement cov. 9/25 from	Ť	Page	
Anthony Ph	an					1.D. NU 13899	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/16	Pho Anh Dao Alameda 1919 Webster St 94501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	250.00	250.	00	
10/19/16	Ky Vo Truong 1818 Everett St 94501	ØIND □COM □OTH □PTY □SCC	Alameda Auto Body, Inc Mechanic	250.00	250.	00	
10/19/16	Tran Floors 2209 Clinton Ave 94501	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250.0	00	
10/18/16	Nguyet Tran 2214 Chisin St 95121	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.	00	V V V V V V V V V V V V V V V V V V V
10/19/16	Sung Duong 1637 Magnolia Ln 94577	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.0	00	
			SUBTOTAL S	1250.00			

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wonetary	wionetary Contributions Received to whole dollars.		Juliais.	9/25/16 from 10/22/16		CALIFORNIA 460 FORM 7 of 17	
NAME OF FILER Anthony Pl	nan					1.D. NU	
7 thinony 1 i			<u> </u>		1	10000	,,,,
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)		PER ELECTION TO DATE (IF REQUIRED)
10/19/16	Christine Nguyen 926 E 10th St 94506	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.00		
10/19/16	Jingming Feng 9045 Molinero Ct 95756	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.	00	
10/19/16	Anna Wong 2944 69th Ave 94605	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.	00	
10/19/16	Kim Tuyen Thi Tran 1293 159th Ave 94580	☑IND □COM □OTH □PTY □SCC	(Amendment to follow)	250.00	250.	00	
10/19/16	Alpha Design & Construction 926 E 10th St STE A 94606	☐IND ☐COM ØOTH ☐PTY ☐SCC	N/A	250.00	250.	00	
			SUBTOTAL S	1250.00			

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

-	Contributions Received	to whole	dollars.	from	22/16 F	CALIFORNIA 460 FORM of 7
Anthony Ph	nan ·					I.D. NUMBER 389973
DATE RECÉIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
10/01/16	Nhu Hanh Tonnu 146 S 3rd St 95112	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Santa Clara County	250.00	250.00)
10/06/16	Courtney Jenkins 112 Moffitt, San Francisco 94131	☑IND □COM □OTH □PTY □SCC	Director Opterra Energy	100.00	100.00)
10/06/16	Thanh Tran 1808 Jeneane Marie Circle 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Trustee Franklin-McKinley School District	100.00	100.00)
10/15/16	Evan Low 1787 Tribute Rd, Suite K 95815	ØIND □COM □OTH □PTY □SCC	Assemblymember State of California	100.00	100.00)
9/28/16	Gilbert Wong 22103 Hibiscus Ct 95014	☑IND □COM □OTH □PTY □SCC	Councilmember City of Cupertino	100.00	100.00	
			SUBTOTAL S	1250.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement covers period 9/25/16 from 10/22/16 through			CALIFORNIA 460 FORM 17	
Anthony Ph	an					1.D. NI 13899	JMBER 9 73	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/19/16	Laborers Local 270 PAC #901351 535 Capitol Mall Suite 1425 95814	□IND COM □OTH □PTY □SCC	N/A	250.00	250.00			
10/06/16	John Wong 40480 Encyclopedia Cir 94538	ØIND □COM □OTH □PTY □SCC	Mission Peak Homes CEO	250.00	250.	00		
10/06/16	Chi Wong PO Box 3002	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.	00		
10/19/16	Joseph & Yvonne Head Rev Trust 1438 Callecita St 95125	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250.	00		
10/19/16	Nancy Le 312 Edgewater Dr	☑IND □COM □OTH □PTY □SCC	IHHS Santa Clara County	250.00	250.0	00		
			SUBTOTAL	1250.00		NEWY 1		

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Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

from10		/ers period					
Anthony Ph	nan					1.D. NU 13899	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/16	Phuc Tran 412 8th Street Suite D 94607	☑IND □COM □OTH □PTY □SCC	Oakland Vietnamese Chamber of Commerce	250.00	250.	00	
10/17/16	Yesica Zhang 1554 Hubbard Ave 94579	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.	00	
10/19/16	Wei Zheng 1554 Hubbard Ave 94579	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.0	00	
10/19/16	Jam Global Group 248 3rd St 94607	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250.1	00	
10/19/16	Silvia Zhang 192 Shipley Ave 94015	□IND □COM ØOTH □PTY □SCC	N/A (Amendment to follow)	250.00	250.0	00	
			SUBTOTAL	\$ 1250.00			

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SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A CO

Statement covers period

				from 9/25/16		FORM TOU	
				through10/		age of	
Anthony Ph	an				1	.D. NUMBER 389973	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE	
10/06/16	Shapeli Properties, Inc 8383 Wilshire Boulevard 90211	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250.00		
10/18/16	The Richard R. Churchill & Linda Churchill Family 2008 Trust 7018 Elizabeth Ct 95252	☐IND ☐COM ØOTH ☐PTY ☐SCC	N/A	100.00	100.00		
10/15/16	Elizabeth Eastwood 2321 Rockingham Cir 95242	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00		
10/11/16	David Fisher 2000 W Broveli Woods Ln 95220	ØIND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00		
10/03/16	Peter Friîs 177703 E Bentley Ct 95236	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00		
		\$ 650.00					

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NAME OF FILER

Anthony Phan

Amounts may be rounded to whole dollars.

from

through.

Statement covers period **CALIFORNIA** 9/25/16 **FORM**

10/22/16 12 I.D. NUMBER

SCHEDULE A (CONT.)

1389973

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF SUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/07/16	Garrett Gritz 1460 Emmons Canyon Dr 94507	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00			
10/04/16	Jackie Irwin 5275 Hecker Pass Rd 95020	ØIND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00			
10/15/16	H Ogden Lilly 1865 University Wy 95126	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00			
10/03/16	Norman Matteoni 848 The Alameda 95126	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00			
10/10/16	Robert Pfeil 2358 Pheasant Run Cir 95207	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.00			
SUBTOTAL\$ 500.00								

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Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received to whole dollars.			from	ers period 5/16 /22/16	CALIFORNIA 460 FORM 17 Page 13 of 17	
NAME OF FILER Anthony Ph	an					1.D. NU 13899	MBER 973
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/12/16	Christopher Smith 4208 Chaboya Rd 95146	ZIND COM OTH PTY SCC	N/A (Amendment to follow)	100.00	100.0	00	
9/28/16	Daniel Smith 4208 Chaboya Rd 95146	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.0	00	
10/12/16	Steven Smith 4208 Chaboya Rd 95148	ØIND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.0	00	
9/30/16	Dave Wilson 3645 Divisadero 94123	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.0	00	
10/11/16	Wilson Management 95070	☑IND □COM □OTH □PTY □SCC	N/A (Amendment to follow)	100.00	100.0	00	
			SUBTOTAL	500.00		iya geri	

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OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SOL	コロロコ	11 65	D	PART	٠.

Schedule B – Part 1 Loans Received	An	Statement cov 9/2 from	ers period 5/16	california 460				
SEE INSTRUCTIONS ON REVERSE					through	/22/16	14 Page	of
NAME OF FILER				L			I.D. NUMBER	
Anthony Phan							1389973	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Anthony Phan 312 Edgewater Dr	Executive Director Think 22	40,000,00	0.00	PAID \$ FORGIVEN	_ \$	% RATE	ş_43,000	CALENDAR YEAR \$ 43,000 PER ELECTION**
† IND COM OTH PTY SCC		\$43,000.00	\$	\$O	DATE DUE	\$0	9/24/16 DATE INCURRED	\$43,000
†		\$	\$	\$ PAID \$ FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION*
TO IND COM OTH PTY SCC		;		PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$ \$004938066666666666
		SUBTOTALS \$; 	\$	\$	\$		
Schedule B Summary 1. Loans received this period				\$	43,000.00	(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	0.00	. II	OTH - Other (e.g.,	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa					43,000.00 May be a negative number)		PTY – Political Part SCC – Small Contr	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Anthony Phan	Amounts may be to whole do			from through	9/25/16 9/22/16 9h	FOR	5 of 17 ER
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearance ses lating urvey reseal very and me	s es	RAD r. RFD r. SAL c TEL t. TRC c TRS s TSF t. VOT v	escribe the paymedic airlime and processoribe the paymedic airlime and processor ampaign workers' say. Or cable airlime are andidate travel, lodgetaff/spouse travel, logansfer between compoter registration	duction costs s alaries nd production costs ing, and meals dging, and meals mittees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (OF PAYMENT		AMOUNT PAID
AMS 1725 De La Cruz Blvd CA 95050		POS	Postage				5000.00
Mehran Khodabandeh 6250 Village Park CA 94568		CNS	Consulting S	Services			1000.00
National Printing 510 N 5th St. CA 95112		LiT	Mailers, Rei	mits, Posters			5,623.60
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	dule D.				SUBTOTAL \$	11,623.60
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	·					, ,	12,941.10
2. Unitemized payments made this period of under \$100					************	\$	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

0.00

12,941.10

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	0011LD02L L (00111
Statement covers period	CALIFORNIA A CO
9/25/16 from	FORM 4.00
10/22/16	16 17 Page of
	I.D. NUMBER

i aymonto maac			110111				
SEE INSTRUCTIONS ON REVERSE				throug	10/22/16 Jh	Page	6 17 of
NAME OF FILER			,			I.D. NUMBE	<u>E</u> R
Anthony Phan						1389973	
CODES: If one of the following codes accurately describes	the payment, yo	ou may er	iter the code. O	therwise, d	lescribe the payment.		
CMP campaign paraphernalia/misc.	MBR member com				radio airtime and production	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		,s	returned contributions campaign workers' salaries			
CVC civic donations	PET petition circul	lating TEL t.v. or cable airtin			t.v. or cable airtime and proc	and production costs	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and su		ch		candidate travel, lodging, ar staff/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (explain)*			ssenger services	-	transfer between committee		candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professionals PRT print ads	services (leg	al, accounting)		voter registration	- /:	
campaign iterature and mainings	rkt pilitaus			VVCD	information technology cost	s (internet, e-n	nali)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Poli Graphics			Lawn Signs				
340 Broadway Ave, St Paul Park, MN 55071		CMP					612.50

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Poli Graphics 340 Broadway Ave, St Paul Park, MN 55071	CMP	Lawn Signs	612.50
Santa Clara County Registrar of Voters 1555 Berger Dr CA 95122	CMP	Data Updates	205.00
VoterListPro 5055 Canyon Crest Drive CA 92507	POL	Data Research	500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1317.50

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period 9/25/16	california 460	
SEE INSTRUCTIONS ON REVERSE		through	Page of	
NAME OF FILER Anthony Phan			I.D. NUMBER 1389973	
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. O	Otherwise, describe the payment.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	costs	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries		
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and produ		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, a		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		of the same candidate/sponsor	
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration		
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMS 1725 De La Cruz Blvd, Santa Clara, CA 95050	POS	3000.00	3000.00	0.00	3000.00
National Printing 510 N 5th St, San Jose, CA 95112	LIT	3000.00	3000.00	0.00	3000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	6000.00	\$ 6000.00 \$	0.00	6000.00

Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	6000.00
2.	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0
	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-6000.00

Decimient Committee				COVER PAGE	
Recipient Committee Campaign Statement Cover Page				CALIFORNIA 460 FORM	
	Statement covers period 07/01/16 from	Date of election if applicable: (Month, Day, Year)	Page	1 of 9 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	09/24/16	11/08/16	RECEIVED		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)		
	D. NUMBER 1389973	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Anthony Phan 2016 - City Counci	l	NAME OF TREASURER Jonathan Le MAILING ADDRESS		(400)700 4704	
STREET ADDRESS (NO P.O. BOX) 312 Edgewater Dr CA 950	35 (408)726-4704	3789 Chilton Ct	CA 95111 STATE ZIP CODE	(408)726-4704 AREA CODE/PHONE	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO voteanthonyphan@gmail.com	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of			herein and in the attached schedules i	s true and complete. I	
Executed on	Ву	John	l Treasurer		
Executed on	By Signature of Con	ntrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponsor		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, 8	State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	CPAGE	- PARI	2
CALII FO	FORN DRM	IA 4	l60	
Page	2	. of	9	

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballot	t Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Anthony Phan						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER :	JURISDICTION		SUPPORT
Councilmember, City of Milpitas						OPPOSE
	CITY STATE ZIP					
312 Edgewater Dr Milpitas	CA 95035		Identify the controlling office	holder, candidate, or	state measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONEN	Т	
Related Committees Not Included in this Sta	atement' list any committees					
not included in this statement that are controlled by you o contributions or make expenditures on behalf of your came	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER				I	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this committ	tee is primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	SOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICI	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICI	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE	E SOUGHT OR HELD	
			TV UNE OF OFFICEROUSER OFFI	MADIDATE OF THE		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICI	E SOUGHT OR HELD	SUPPORT
	☐ YES ☐ NO					OPPOSE
COMMITTEE ADDRESS (NO P.O. E	3UX)					
CITY STATE ZIP C	CODE AREA CODE/PHONE		Attac	ch continuation shee	ts if necessary	·

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Anthony Phan

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	07/01/16	FORM 460
through	09/24/16	39
	under der die Ster deur der der der Ster in der St	I.D. NUMBER 1389973

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 6090.00 6090.00 43,000.00 1/1 through 6/30 7/1 to Date 43.000.00 49.090.00 49.090.00 20. Contributions Received 0.00 0.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 49.090.00 49,090.00 Made **Expenditures Made Expenditure Limit Summary for State** 3500.00 3500.00 Candidates 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 3500.00 3500.00 (if Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yv) 10, Nonmonetary Adjustment.......Schedule C, Line 3 3500.00 3500.00 **Current Cash Statement** 0.00 To calculate Column B. 49,090,00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 3500.00 of your last report. Some amounts in Column A may 45.590.00 be negative figures that 16, ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 43,000.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Cahadula A

Amounts may be rounded

SCF		

Screaule	8 A		na may be rounded				SCHEDULE A
Monetary	Contributions Received	to	whole dollars.	Statement covers period 07/01/16 from		CALIFORNIA 460 FORM	
				through	24/16	Page	4 99
NAME OF FILER	ONS ON REVERSE					I.D. NU	MBER
Anthony P	han					13899	73
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9-19-16	Walter Hammon 75 E Santa Clara St 95113	ØIND □COM □OTH □PTY □SCC	Self-Employed Attorney	150.00	150.	00	
9-19-16	Meri Maben 1294 Hanchett Ave 95116	IND COM OTH PTY	Consultant SVEF	250.00	250.	00	
9-09-16	Phung Phan 3789 Chilton Ct 95111	☑IND □COM □OTH □PTY □SCC	Unemployed N/A	250.00	250,	.00	
9-22-16	Jill Chesler 3130 Rubino Dr Apt 115 95125	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.	00	
9-14-16	Marie Milner 2881 Meridian Ave Unit 149 95124	IND COM OTH PTY	Teacher ESUHSD	200.00	200.	.00	
			SUBTOTAL \$	950.00			
Schedule	A Summary				*Cor	ntributor C	odes
1. Amount re (Include a	eceived this period – itemized monetary contributions.		\$	5800.00			at ent Committee than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contribution	ns of less than	ր \$100\$	290.00		l – Öther ((e.g., business entity)
3. Total mone	etary contributions received this period.			6090.00		Politica Small (Ontributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

_				from	1/16	F	ORM 400
				through	24/16	Page	5 of 9
NAME OF FILER Anthony Ph	an					1.D. NU 13899	173
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9-21-16	Cuong Phan 3789 Chilton Ct 95111	☑IND □COM □OTH □PTY □SCC	Tech service engineer Topcon Laser Medical	250.00	250.	00	
9-23-16	Chris Roth 1136 Brace Ave #4 95125	☑IND □COM □OTH □PTY □SCC	Parent Parent	100.00	100.	00	
9-23-16	Susan Ellenberg 1440 Calaveras Ave 95126	☑IND □COM □OTH □PTY □SCC	Senior Director SJSV Chamber of Commerce	100.00	100.	00	
9-01-16	Toan Tu 884 Ann Marie Dr 95337	IND COM OTH PTY SCC	Senior Clerk California Water Service	250.00	250.	00	
9-19-16	Jennifer Chung 1980 Senter Rd 95112	IND COM OTH PTY SCC	President Forever Beaumore Cosmetics	100.00	100.	00	
			SUBTOTAL	\$ 800.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

•				from07/01	1/16	F	ORM 40U
				through	24/16	Page _	6 of 9
NAME OF FILER Anthony Ph	an					1.D. NU	MBER 73
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER E.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
8-31-16	Crawdaddy Restaurant 1228 S. Abel St 95035	□IND □COM ØOTH □PTY □SCC	N/A	250.00	250.	00	
9-15-16	Build Jobs PAC FPPC#761102 1350 Treat Blvd Ste 140 94597	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	250.00	250.	00	
9-19-16	Yen La 3789 Chilton Ct 95111	☑IND □COM □OTH □PTY □SCC	Parent Parent	250.00	250.	00	
9-19-16	Tien Phan 3789 Chilton Ct 95111	IND COM OTH PTY SCC	Automotive Technician BMW	150.00	150.	00	
9-19-16	IBEW 332 Education Fund FPPC#1298069 2125 Canoas Garden Ave STE 100 95125	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	150.00	150.	00	
			SUBTOTAL	\$ 1050.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. Statement covers period **CALIFORNIA** 07/01/16 **FORM** from 09/24/16 through I.D. NUMBER NAME OF FILER Anthony Phan 1389973 IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION AMOUNT DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Z IND **Executive Director** Anthony Phan □сом 312 Edgewater Dr Think 22 Silicon Valley 3000.00 3000.00 9/23/16 □отн 95035 □ PTY SCC □ COM □ OTH PTY SCC ☐ IND ☐ COM ☐ OTH ☐ PTY scc СОМ □ PTY □ scc □ COM □отн PTY

 \square scc

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

3000.00

SUBTOTAL \$

	Δ	ounts may be rou	ındad				SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	All	to whole dollars. Statement covers period 67/01/16 FORM CALIFORNIA 2						
SEE INSTRUCTIONS ON REVERSE					through	/24/16	Page 8	of
NAME OF FILER							I.D. NUMBER	
Anthony Phan			•				1389973	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Anthony Phan 312 Edgewater Dr 95035	Executive Director Think 22 Silicon Valley	d		PAID \$ FORGIVEN	\$		s_43,000	CALENDAR YEAR 43,000 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$O	43,000.00		DATE DUE	\$O	9/24/16 DATE INCURRED	s 43,000
				\$ FORGIVEN	\$		\$	SPER ELECTION **
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$		\$	CALENDAR YEAR \$ PER ELECTION **
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		\$	\$	\$		
Schedule B Summary 1. Loans received this period				\$	43,000.00	(Enter (e) on Schedule E, Line 3	1	
(Total Column (b) plus unitemized loar	is of less than \$100.)					(†	Contributor Codes)
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$ _	0.00	- C	ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Par	PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)ry Page, Column A, Line 2.			.NET \$	43,000.00 (May be a negative number)		ICC – Small Contr	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

2. Unitemized payments made this period of under \$100......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

100.00

3500.00

0.00